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# TRANSMITTAL FORM

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	<b>09/272,916</b>	
	<b>Filing Date</b>	<b>March 19, 1999</b>	
	<b>First Named Inventor</b>	<b>K. Pees, et al.</b>	
	<b>Group Art Unit</b>	<b>1624</b>	
	<b>Examiner Name</b>	<b>S. Patel</b>	
<b>Total Number of Pages In This Submission</b>	<b>7</b>	<b>Attorney Docket Number</b>	<b>33350-02</b>

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Drawing (s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
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<div style="border: 1px solid black; padding: 5px;"> <b>Remarks</b> </div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual name</b>	<b>Barbara V. Maurer</b>
<b>Signature</b>	<i>Barbara V. Maurer</i>
<b>Date</b>	<i>Nov 22, 2000</i>

## CERTIFICATE OF MAILING

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